

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET <small>(FOR USE WITH FORM PTO-875)</small>							SERIAL NO. <div style="font-size: 1.2em; font-family: cursive;">10-031,739</div>	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1					53						
4		2					54						
5		10					55						
6		10					56						
7		10					57						
8		2					58						
9		10					59						
10		10					60						
11		10					61						
12		2					62						
13		10					63						
14		10					64						
15	1						65						
16	1						66						
17	1						67						
18		1					68						
19		1					69						
20		3					70						
21		10					71						
22		10					72						
23		10					73						
24	1						74						
25		1					75						
26		12					76						
27		10					77						
28		10					78						
29		10					79						
30		10					80						
31		10					81						
32		10					82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	5						TOTAL IND.						
TOTAL DEP.	27						TOTAL DEP.						
TOTAL CLAIMS	32						TOTAL CLAIMS						